

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750025

**Entity Name:** PRIESTS OF THE SACRED HEART, INC.

**Current Principal Place of Business:**

6701-82ND AVENUE NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

6701-82ND AVENUE NORTH  
PINELLAS PARK, FL 33781

**FEI Number:** 59-1951186

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DI VITO, JOSEPH A  
4514 CENTRAL AVENUE  
ST. PETERSBURG, FL 33711 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KILIANSKI, EDWARD REV  
Address 7373 HWY 100/POB 289  
City-State-Zip: HALES CORNERS WI 53130

Title TD  
Name NAGEL, DAVID DEACON  
Address 7373 HWY 100/POB 289  
City-State-Zip: HALES CORNER WI 53130

Title D, SECRETARY  
Name PUJDAK, STEVE REV  
Address 6701 82ND AVENUE NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title ASTD  
Name LLOYD, PATRICK J REV  
Address 6701 82ND AVENUE NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title VP  
Name SUPARMAN, VINCENTIUS REV  
Address 6701 82ND AVENUE NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title ASTD  
Name BURSHNICK, FRANCIS REV  
Address 6701 82ND AVENUE NORTH  
City-State-Zip: PINELLAS PARK FL 33781

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVE PUJDAK**

**SECRETARY**

**04/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date